

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16367

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City No. Gen. Hosp # 2

File No. _____
Registered No. 2169
St. _____ Ward _____

2. FULL NAME

Oscar Gatewood
(a) Residence, No. 1126 Bellvue Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Mo

13. NAME Oscar Gatewood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Mary Taber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Record Clerk
(ADDRESS) Gen. Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macle Hill DATE June 1 1932

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 So 14 St

20. FILED May 30 1932 M. M. Combs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1932 to 5-27-1932.
I last saw him alive on 5-27-1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

23A
Pulmonary tuberculosis
Other contributory causes of importance: 23 1
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? lab + clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) O. M. Miller, M. D.
(Address) Gen. Hosp # 2

WHITE PLAIN PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

